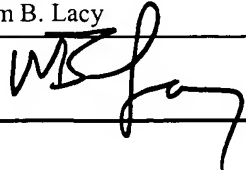


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No. B03-51		Total Pages: 31	
		First Named Inventor Murali Rajagopalan			
		Title MONODISPERSE HETEROTELECHELIC DIOL/AMINE-BASED POLYURETHANE/UREA HYBRIDS FOR USE IN GOLF BALLS			
		Express Mail Label No.		EV065937215US	

APPLICATION ELEMENTS <small>See M.P.E.P. Chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450				
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages: 30] <ul style="list-style-type: none"> • Descriptive title of invention • Cross-reference to related applications • Background of the invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claims • Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets: 0] 4. Oath or Declaration [Total Pages: 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 12 completed)</small>	ACCOMPANYING APPLICATION PARTS 5. <input checked="" type="checkbox"/> Assignment papers (cover sheet and document(s)) 6. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. § 122 (b)(2)(B)(i). Must attach Form PTO/SB/35. 7. <input checked="" type="checkbox"/> Information Disclosure Statement/Reference List a. <input checked="" type="checkbox"/> Copies of citations 8. <input type="checkbox"/> Preliminary Amendment 9. <input checked="" type="checkbox"/> Return Receipt Postcard (M.P.E.P. § 503) <small>(should be specifically itemized)</small> 10. <input type="checkbox"/> Other:				
11. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) </div> of prior application No.: _____ Prior application information: Examiner: _____ Group Art Unit: _____ The entire disclosure of the prior application is considered a part of the disclosure of the accompanying Continuation, Divisional or Continuation-in-part application, and is hereby incorporated by reference.					
12. CORRESPONDENCE ADDRESS					
Name	William B. Lacy				
	Acushnet Company				
Address	PO Box 965				
City	Fairhaven	State	MA	Zip Code	02719-0965
Country	U.S.	Telephone	(508) 979-3540	Fax	(508) 979-3092
Name	William B. Lacy		Registration No. (Attorney/Agent)		48,619
Signature			Date	September 5, 2003	

 22387 U.S. PTO
 10/656705


FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 808.00

Complete if Known

Application Number	To Be Assigned
Filing Date	September 5, 2003
First Named Inventor	Murali Rajagopalan
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	B03-51

METHOD OF PAYMENT

☒ Deposit Account:

Deposit Account Number

502309

Deposit Account Name

Acushnet Company

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	Utility filing fee	750
1002	330	Design filing fee	
1004	750	Reissue filing fee	
1005	160	Provisional filing fee	

SUBTOTAL (1) (\$) 750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims	Fee From Below	Fee Paid
Total Claims	21	- 20** =	1	18	18
Independent Claims	3	- 3** =	0	84	0

Large Entity

Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1204	84	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 18

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

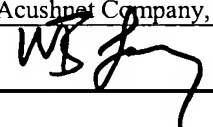
Large Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge – late filing fee or oath	
1052	50	Surcharge – late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	410	Extension for reply within second month	
1253	930	Extension for reply within third month	
1254	1,450	Extension for reply within fourth month	
1255	1,970	Extension for reply within fifth month	
1401	320	Notice of Appeal	
1402	320	Filing a brief in support of an appeal	
1403	280	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive – unavoidable	
1453	1,300	Petition to revive – unintentional	
1501	1,300	Utility issue fee (or reissue)	
1502	470	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	40
1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	Request for continued Examination (RCE)	
1802	900	Request for expedited examination of a design application	
1814	110	Statutory Disclaimer	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** 40

SUBMITTED BY

Name	William B. Lacy	Registration No. (Attorney/Agent)	48,619
Address	Acushnet Company, PO Box 965, Fairhaven, MA 02719-0965	Telephone	(508) 979-3540
Signature		Date	September 5, 2003